

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002756

STATE FILE NUMBER

AMENDED

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 4-62

FILED JAN 30 1962

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Tuscumbia</u>		Length of stay in lb <u>10 days</u>	c. CITY OR TOWN <u>ELDON</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Humphrey-Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>209-N-Leeds</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Monroe</u> Middle <u>Charles</u> Last <u>Miller</u>		4. DATE OF DEATH Month <u>JAN</u> Day <u>5</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>15 MAR 1899</u>
9. AGE (at birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen-Farming</u>	
11. BIRTHPLACE (City and State or country) <u>CAMDEN-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Missouri-Hickam</u>	
14. NAME OF HUSBAND OR WIFE <u>CORA-MILLER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. INFORMANT <u>A CORA-MILLER</u>		Address <u>ELDON Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>HEPATO CELLULAR DAMAGE</u> DUE TO (b) <u>CHRONIC PASSIVE CONGESTION OF LIVER</u> DUE TO (c) <u>CARDIAC DECOMPENSATION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 MONTHS</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>AORTIC INSUFFICIENCY AND CARDIAC HYPERTROPHY</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>NONE</u>	
20c. TIME OF INJURY Hour <u>NONE</u> Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		20f. CITY, TOWN, OR LOCATION <u>NONE</u>	
20g. COUNTY <u>NONE</u>		20h. STATE <u>NONE</u>	
21. I attended the deceased from <u>5-11-61</u> to <u>1-5-62</u> and last saw him alive on <u>1-5-62</u> Death occurred at <u>12:15</u> A M on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>D.S. Humphrey</u>		22b. ADDRESS <u>D.O. Tuscumbia-Mo</u>	
22c. DATE SIGNED <u>6 JAN-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7 JAN-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ELDON</u>	23d. LOCATION (City, town, or county) (State) <u>ELDON-Mo</u>
24. FUNERAL DIRECTOR <u>Keith M. Hays</u>		25. DATE RECD. BY LOCAL REG. <u>1-22-1962</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. D. E. Kallenbach</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Keith M. Kays
Licensed Embalmer No. 3998
P. O. Address Eldon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.